



Application & Plan Selection

(Use these forms when you are NOT applying through your employer or for financial assistance)
MAIL BY NOVEMBER 30TH FOR JANUARY COVERAGE*

Are You in the Right Place?

Have you considered all application paths?

There are many ways to apply for health coverage through Vermont Health Connect. You can also apply online at VermontHealthConnect.gov, over the phone at 1-855-899-9600 (toll-free), or in-person with a Navigator or broker.

Want help with costs?

STOP! This is the wrong application for you. This application is only for Vermonters who do not get coverage through their jobs and do not want to find out if they qualify for financial help.

An individual earning up to \$46,000 or a family of four earning up to \$94,200 may qualify for financial help. To see if you qualify for help, visit VermontHealthConnect.gov or call 1-855-899-9600.

Want multiple plans?

Be sure to use a separate application for each additional plan. Your spouse and/or dependents may enroll in their own unique health plans (e.g., dad and children select BCBSVT Gold and mom selects MVP Bronze, rather than enrolling in a family plan). If using a paper application, you must fill out separate applications.

Need help with this application?

Online: VermontHealthConnect.gov

Phone: 1-855-899-9600 (toll-free)

In-person: To find a Navigator or broker in your area, visit VermontHealthConnect.gov or call 1-855-899-9600.

Steps to January Coverage

Step 1: Prepare

- ☐ For all people in your household who need coverage, collect:
 - **Social Security Numbers** or document type and numbers for legal immigrants;
 - Anticipated **medical and prescription needs**.
- ☐ Compare plan details in plan comparison brochures or at VermontHealthConnect.gov.

Step 2: Complete & Sign Forms

- ☐ Application for Health Coverage (*to expedite, you may disregard instructions on application to wait for plan selection*)
- ☐ Appendix A and/or Broker Designation Agreement (*if either applies to you*)
- ☐ Medical Plan Selection Form
- ☐ Dental Plan Selection Form (*optional*)

Step 3: Mail Forms by November 30th*

Mail to: Vermont Health Connect
103 South Main Street
Waterbury, VT 05671-8100

Step 4: Receive Invoice & Submit Payment

When you receive your confirmation and invoice, please pay by December 31st.*

This packet contains:

- ☐ Application Materials
 - Application for Health Coverage
 - Appendix A and Broker Designation Agreement
 - Medical Plan Selection Form
 - Dental Plan Selection Form
- ☐ Plan Comparison Brochures

* To ensure you are covered for January, we need time to receive and process your application, send out an invoice, and receive payment by December 31st.